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PRIVILEGED COMMUNICATION

Date: JANUARY 14, 2004

To: EXAMINER JEAN D. JANVIER
U.S. PATENT AND TRADEMARK OFFICE

Fax #: (703) 872-9326

From: FRANK C. NICHOLAS
Fax #: (847) 424-2521

Client/Matter No.: AUS920010188US1 (9000/31)

of Pages: 4
(including cover sheet)

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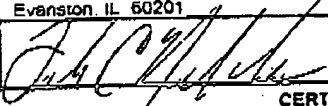
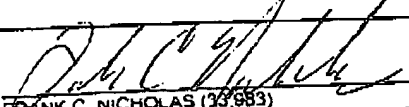
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Attorney Docket No	AUS920010188US1 (9000/31)
	Application Number	09/821.108
	Filing Date	MARCH 29, 2001
	First Named Inventor	MARIA A HIMMEL
	Group Art Unit	3622
	Examiner	JANVIER, JEAN D

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Petition for Extension of Time Request (dup) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement, PTO-1449, B1 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings one replacement sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Rounding Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Applicant Initiated Interview Request Form <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Express Abandonment Under 37 CFR 1.138 <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 09-0447 (IBM Corporation). A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 09-0447 (IBM Corporation). A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

				Small Entity		or		Large Entity	
	Claims After Amendment		Highest No Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus		0	x \$9=	0		x \$18=	
Indep		Minus		0	x \$43=	0		x \$86=	
First Presentation of Multiple Dep. Claim					+ \$145=	--		+ \$290=	
					total add'l fee			total add'l fee	
					\$ 0			\$ 0	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	January 14, 2004
CERTIFICATE OF FACSIMILE			
I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9326 To the United States Patent and Trademark Office on this date.			
 FRANK C. NICHOLAS (33,983)			Date: January 14, 2004

PTOL-413A (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form

Application No.: 09/ 821108 First Named Applicant: Himmel
Examiner: Janvier, J. D. Art Unit: 3622 Status of Application: Rejected

Tentative Participants:

(1) Janvier, J.D. (2) Paul M. Hietko
(3) _____ (4) _____

Proposed Date of Interview: 1/19/04 Proposed Time: 11 am EST(AM/PM)

Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>102(e)</u>	<u>1-21</u>	<u>Bandera</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Claims are neither anticipated nor obvious. Bandera does not disclose the instant invention.

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

(Applicant/Applicant's Representative Signature)

(Examiner/SPE Signature)

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2